

**SWINEFORD NATIONAL BANK • E-COMMERCE SERVICES**  
**PERSONAL ONLINE BANKING AND BILL PAYMENT SIGN UP FORM**  
 PO BOX 6 • EAST PETERSBURG PA 17520 • FAX 717.569.6316

This form is only required to activate Bill Payment, or if you are not a Checking account and ATM/Debit Card Holder.

First	Initial	Last
NAME		
<b>(One name per application)</b>		
ADDRESS		
CITY	STATE	ZIP
PHONE # (DAY) <i>(If requesting bill pay, phone number is required)</i>		
PHONE # (EVENING)		
EMAIL ADDRESS <b>(REQUIRED)</b>		
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <b>(REQUIRED)</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST 4 DIGITS OF ACCOUNT NUMBER <b>(REQUIRED)</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank Use Only
BRANCH #
BRANCH REP: (Please Print)
BRANCH PHONE #

TB: New <input type="checkbox"/> Existing <input type="checkbox"/>	Website
PIN Change: <input type="checkbox"/>	
PC: <input type="checkbox"/> BP: <input type="checkbox"/> Log/Email: <input type="checkbox"/>	
E-Commerce Rep and Date:	

\_\_\_\_\_  
**SIGNATURE (REQUIRED)**

\_\_\_\_\_  
**DATE**

**REQUEST ONLINE BANKING BILL PAYMENT**

- Yes**, I wish to activate Online Bill Payment.  
 **No**, I do not wish to activate Online Bill Payment at this time.

**ACTIVATE ONLINE BANKING**

**(Use this section only if you do not have a Bank Card (ATM/Debit Card) and Checking account to enroll online.)**

The bank will provide enrollment instructions via email when your sign-up form has been processed. During enrollment, you will create your own User ID and Password. Please record/remember your PIN.

• 4-digit PIN (**all numbers**)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(This 4-digit PIN number is also used for your Telephone Banking service.)